

# Florida Department of State

Division of Corporations
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Katherine Harris, Secretary of State

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OO AUG 30 AM 11: 36
SECHETARY OF STATE
TALL AHASSEE, FLORIDA

# FLORIDA PROFIT CORPORATION OR P.A.

Broward Orthopedic Associates, Inc.

Certificate of Status	1
Certified Copy	1
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# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 14, 2000

JOSEPH M. BALOCCO, P.A.

SUBJECT: BROWARD ORTHOPEDIC ASSOCIATES, INC.

REF: W00000019992

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

If you have any further questions concerning your document, please call (850) 487-6067.

Neysa Culligan Document Specialist FAX Aud. #: H00000042267 Letter Number: 000A00043681 Prepared by: Joseph M. Balocco, Esq. 1323 SE 3 Avenue Fort Lauderdale, FL 33316

#### **AFFIDAVIT**

STATE OF FLORIDA COUNTY OF BROWARD

COMES NOW your Affiant, Sein Lwin, as President of BROWARD ORTHOPEDIC ASSOCIATES, INC., an administratively dissolved Florida corporation, who, being first duly swom upon his oath, deposes and says:

- 1. That he was the last named President of BROWARD ORTHOPEDIC ASSOCIATES, INC.
- 2. That said Corporation was administratively dissolved by the Department of State, State of Florida.
- 3. That said Corporation has no intention of reinstating and does hereby release the Corporate name for use to another entity.

FURTHER AFFIANT SAYETH NAUGHT.

SWORN TO and SUBSCRIBED TO before me this  $\underline{\alpha \mathcal{G}}$  day of August, 2000.

KIMBERLY J. SIMON MY COMMISSION # CC 634854 EXPIRES: May 5, 2001

# ARTICLES OF INCORPORATION OF BROWARD ORTHOPEDIC ASSOCIATES, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

#### ARTICLE I - NAME

The name of this corporation is: Broward Orthopedic Associates, Inc.. The principal address of the corporation is 300 SE 17<sup>th</sup> Street, 2<sup>nd</sup> Floor, Fort Lauderdale, FL 33316.

#### ARTICLE II - DURATION

This corporation shall have perpetual existence commencing on the date of the filing of these Articles with the Department of State.

#### ARTICLE III - PURPOSE

The corporation may conduct any lawful business for which a corporation may exist under Chapter 607 of the Florida Statutes.

#### ARTICLE IV - STOCK

This corporation is authorized to issue I00 shares of NO par value common stock which shall be designated "Common Shares."

#### ARTICLE V - PRE-EMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation shall have the right to purchase his prorata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

## ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is: 300 SE 17<sup>th</sup> Street, 2<sup>nd</sup> Floor, Fort Lauderdale, FL 33316, and the name of the initial registered agent of this corporation at that address is: Sein Lwin.

## ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) Director(s) constituting the initial Board of Directors. The number of Directors may be either increased or decreased from time to time in accordance with the By Laws. The name(s) and address(es) of the initial Board of Directors of this Corporation is (are):

NAME:

ADDRESS:

Sein Lwin

300 SE 17th Street, 2<sup>nd</sup> Floor Fort Lauderdale, FL 33316

#### **ARTICLE VIII - INCORPORATORS**

The name and address of each person signing these Articles is:

NAME:

ADDRESS:

Sein Lwin

300 SE 17th Street, 2<sup>nd</sup> Floor Fort Lauderdale, FL 33316

#### ARTICLE IX - INDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

#### ARTICLE X - AMENDMENT

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 14 day of august, 2000.

SUBSCRIBER

SUBSCRIBER

STATE OF FLORIDA COUNTY OF BROWARD

Before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared, Sein Lwin known to me to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me

that they executed those Articles of Incorporation or who produced valid Florida Driver Licenses as identification.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid, this <u>I'</u> day of <u>Ougust</u>, 2000.

My Commission Expires:

,

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST—THAT BROWARD ORETHOPEDIC ASSOCIATES, INC., DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT 300 SE 17<sup>th</sup> STREET, 2<sup>ND</sup> FLOOR, CITY OF FORT LAUDERDALE, STATE OF FLORIDA, 33316, HAS NAMED SEIN LWIN, LOCATED AT 300 SE 17<sup>TH</sup> STREET, 2<sup>ND</sup> FLOOR, CITY OF FORT LAUDERDALE, STATE OF FLORIDA, 33316, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE	
TITLE Registered Agent	
DATE 8/14/00	_

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER PERFORMANCE OF MY DUTIES.

DATE SIGNATURE

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SECRETARY OF S
TALLAHASSEE, FL